

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000220

1. Entity Name

WHNML-S REAL ESTATE LIMITED PARTNERSHIP



FILED

03 SEP -2 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
10 CAMPUS BLVD.
NEWTOWN SQUARE PA 19073

Mailing Address
10 CAMPUS BLVD.
NEWTOWN SQUARE PA 19073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

9/2

4. FEI Number 75-2699788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$13,184,766.00

10. Amount of Capital Contributions
in FLORIDA to date.

- 0 -

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000002482
NAME WHNML-S GEN-PAR, INC.
STREET ADDRESS 10 CAMPUS BLVD.
CITY-ST-ZIP NEWTOWN SQUARE PA 19073

STREET ADDRESS

CITY-ST-ZIP

100021964901
07/31/03--01053--001 **141.25

DOCUMENT # F97000002479
NAME GH NORTHWEST, INC.
STREET ADDRESS 10 CAMPUS BLVD.
CITY-ST-ZIP NEWTOWN SQUARE PA 19073

STREET ADDRESS

CITY-ST-ZIP

100021964901
09/02/03--01051--010 **400.00

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASST SECRETARY

For GH Northwest, Inc.

Date

Daytime Phone #

7/30/03 610-355-8147

CR2E003 (4/03)

STAPLE CHECK HERE